

Healthwatch Coventry Annual meeting 3 July 2018 Discussion about access to GP services

Introduction

The meeting was attended by 56 people, 26 of these are Healthwatch Members. 38 said that they were female, 19 said that they were male.

17 said they were White British, and 4 from other ethnic groups. 36 did not answer.

Group Discussion

- 1) What's important to you when it comes to how you access your GP practice?

How do you want to book and in what way do you want to speak to a medical professional?

Comments about method of access
To suit the needs of the individual: phone; in person, via website, phone app, walk in clinic)
Able to access: all - not just GP appointments on website
Have systems that work for everyone phones to apps, pop in, letter - different opportunities to communicate
Online - not accessible to everyone and need to respect individual choice
Face to face v telephone appointment should be given choice
Provide different ways to book appointments
Texts that you can respond to ie yes and no
Limited online services at some surgeries
Same day call back great but not available everywhere
Ease of access online can help - however set alarm for midnight to get first choice of next day appointments
Equality of access
Online booking system

Process issues identified
Time within the consultation to talk - GPs might miss something in too of a much rush
Quibbling over practice catchment areas is unhelpful
Waiting times for appointments 'they are all gone by 8.30 am' and issue
They need to answer their phones
Not being kept waiting for hours - need at least an explanation

Continuity of care
Would like to see the same GP
Trust and validity - seeing your regular GP. Sometimes have new GP who doesn't know you or history -can make judgements
Continuity of care

Comments about reception staff
Getting past receptionists
Admin staff training
Training for admin staff - customer service and triage

Access comments
Be able to book a double appointment
How close is it - transport
If very poorly can't always get to the surgery - home visits less availability?
Policy around home visit needs reviewing
If you are a working person you need flexibility of out of hours times
Withdrawal of evening/weekend appointments after a 'fight' to get them
Open to 7 day working - if GP not open could we use hospital based GP
Need out of hours appointments
POD accessibility issue lead to loss of medication due to restricted opening hours/non-response
Accessibility of appointments

Other comments
Openness and honesty
Convert more surgeries into primary care centres
Open access GP - depends on severity, could be waiting ages at walk in centre
Acute problems versus managing long term conditions influences choice of GP - same GP versus anyone available
Links to local hospital
Systems don't work properly
How clinical staff are distributed - access across the City
Patients need to understand they don't always need to see a GP

2) How do we ensure patients are able to be more involved in their care and decisions relating to them and that their views and feedback helps shape the practice?

Communication/information provision
Touch screens - idea used in UHCW
Show NHS 70/good news/good practice video on GP practice waiting room TVs
Telling people what is happening

Doctors surgeries information often out of date
Tell people how to get involved
Relaying info. in language patient understands and makes sense to them
Up to date literature shows that things are current

Patient participation
More consistent use of patient participation groups
Patient participation groups
Decisions discussed are often taken outside the group by commissioners and therefore people can only express an opinion
To be able to provide feedback - directly or anonymously
Suggestion box
Training and development of staff - especially frontline on how to involve people
Address language barriers

Interpersonal factors and choice
The ability to make a choice with regards to treatment options
Make sure have a choice of options
Contest/challenge the idea that doctors are Gods, encourage people to ask questions. End age variation
Have a crib sheet where it helps you to think about information you need to tell doctor - symptoms, meds etc
Changing doctors attitudes to seeing people as being partners in their care
Changing people's expectations
Understand alternatives to GP eg nurse, self-care
Initial conversation should give enough info. to understand [situation]

Other
Some communities are missing out on valuable health care
Problem of transient communities/populations
Less national changes to ensure continuity
Link to community support for either health or wellbeing
Continuity of care - same GP
Better co-ordinated care
Peer support/advocacy
Able to bring friends relatives for support
Keep a record of what has happened yourself

3) How do we ensure practice decisions are made with the involvement of patients and their best interests in mind? Think also about vulnerable groups of patients

Routes

- Every Surgery should have Practice Participation Group
- Need to ensure that people on PPG are representative of the practice population
- Specific focus groups alongside patient participation groups
- Patient panels, forums and meetings
- Patient to patient advice groups
- Feedback from service users
- Ask people
- Advocates for people who are vulnerable/lack capacity
- Seek opinions from 'hard to reach/engage groups' eg migrants, English to first language, older people, BAME, LGBT, mental health service users, men, young people physically disabled, carers

Method

- Two way process communication/ language
- Opportunities for questions and answers and you said we did
- Show feedback and reviews are considered and acted upon
- Action plans
- Communication strategy/involvement strategy
- Involve voluntary sector
- Training and development of staff
- Leaflets
- Written information - visual tools and easy read
- Use screens to tell you information
- Talk to family/carers/those in support networks
- Profession advocates for those needing this - don't just rely on family carers